

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/700590**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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48				1		
49				1		
50				1		
TOTAL IND.	2		2			
TOTAL DEP.	18		18			
TOTAL CLAIMS	20		20			

	IND.		DEP.		IND.		DEP.	
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